Virginia Department of Health Response to COVID-19

Presentation to the Senate Finance and Appropriations Committee

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State Health Commissioner
May 19, 2020



Overview

- Current status of COVID-19 in Virginia
- Testing
- Contact Tracing
- Supporting Long-Term Care Facilities
- Federal Stimulus Funding

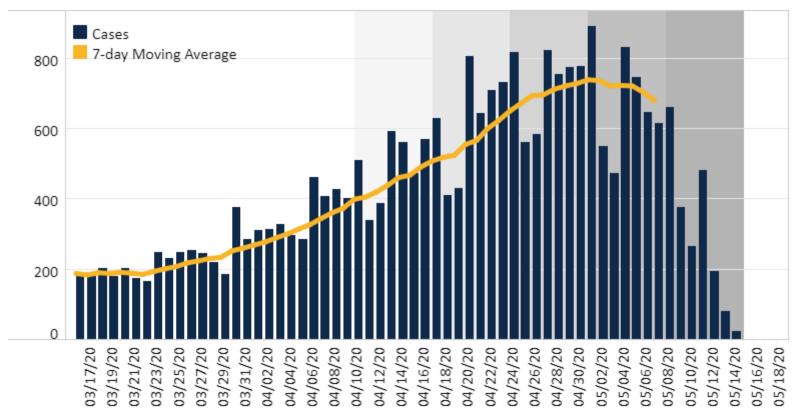


Confirmed Case Data by Symptom Onset

Confirmed Cases by Date of Symptom Onset

Number of cases by the day closest to when symptoms began.

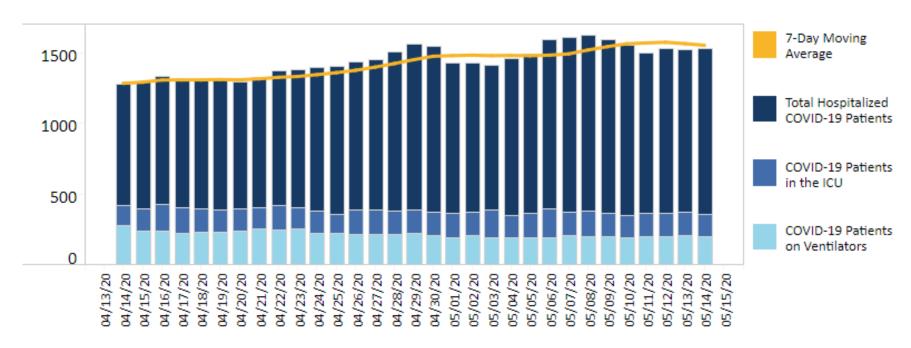
Illness may not have been reported yet.





Hospitalizations

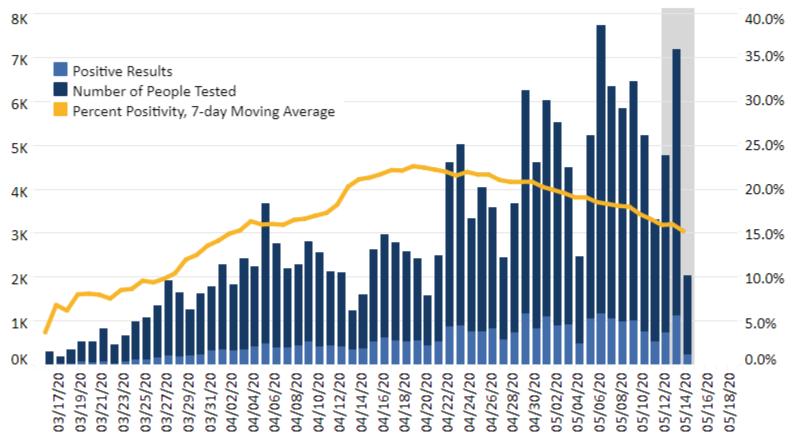
Number of Patients Hospitalized with a Positive or Pending COVID-19 Test





Testing and Percent Positivity

Number of People Tested, Number of Positive Tests, and Percent Positivity by Lab Report Date, PCR Only*



^{* &}quot;PCR" refers to "Reverse transcription polymerase chain reaction laboratory testing"



Testing



Laboratory Testing Capacity

Public Health

- State Lab + UVA, VCU, VT, Fairfax = 1,470 Tests/day
- State Contracts w/ 4 Commercial Labs: 35,000
 Additional Tests for May

Hospital Based Labs

- Over 12 Hospital Systems
- Approximately 4,000/day total capacity

Commercial Labs

- More than half of state testing
- Approximately 20 commercial labs



Point Prevalence Surveys (PPS)

PPS = Testing conducted on all individuals in a congregate setting or facility at a specific time and intended to identify both infected and non-infected individuals. VDH is currently prioritizing PPS for:

- Long-term care facilities (Nursing homes and Assisted living facilities)
- State correctional facilities
- VDH continues to work with VDEM and Virginia National Guard to plan PPS testing at various sites.
- PPS is also being conducted in other settings, such as workplaces (ex. meat and poultry plants), homeless shelters, etc.

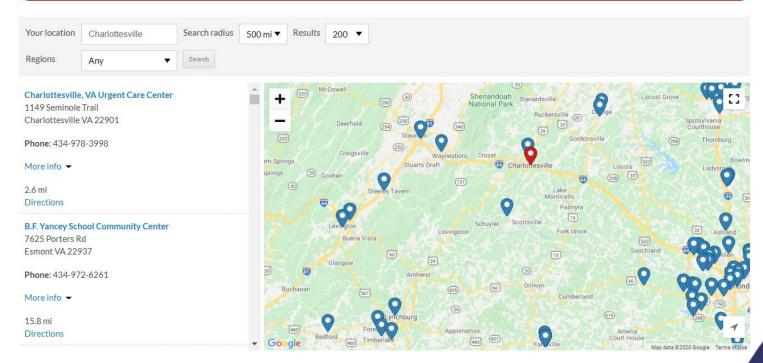


Testing Accessibility

Over 190 Publicly Accessible Testing Sites (55 more pending) Searchable on the VDH Website

COVID-19 Testing Sites

This map/list is intended to help provide information of known locations of various COVID-19 test sampling sites and does not constitute endorsement by VDH. There may be additional sites that offer test sampling that are not included on the map and the status of listed sites are subject to change (may no longer perform COVID-19 testing services).





Community Testing Events

Drive-Through, Walk-Up, Vulnerable and Underserved

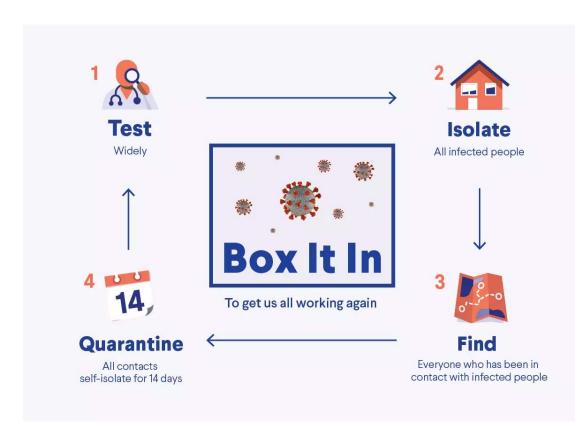


well-being of all people in Virginia.

Contact Tracing



COVID-19 Containment Strategy



Goal: All persons
suspected to have had
significant contact with
a COVID+ patient will
be:

- Interviewed
- Monitored
- Tested (as appropriate)
- Isolated or quarantined (as appropriate)
- Provided with supporting services within 24 hours



Contact Tracing/Containment — Future State

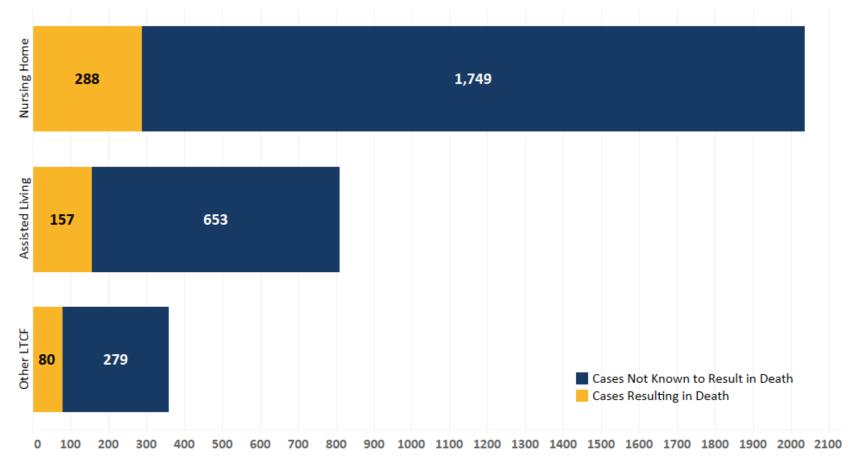
- Build on Local Health Department operations
- Increase staffing support for case investigation and contact tracing
- Projected need of 200 additional case investigators and 1,000 contact tracers to augment existing workforce
 - Accounts for current workforce, plus resource gap needed to meet minimum goal of 15 contact tracers/100,000 population
- Regional support teams to provide assistance with staffing assignments, data management/analytics
- Standardize workflows to ensure uniform, thorough approach to contact tracing and referral to testing and/or care
- Integration of apps to streamline efforts and improve data management

Addressing COVID-19 Outbreaks in Long-Term Care Facilities and Other Settings



COVID-19 in Virginia's Long-Term Care Facilities

COVID-19 Cases and Deaths in Long Term Care Facilities





State Oversight of and Financial Support for LTC Facilities

Nursing homes and skilled nursing facilities

- VDH state agency with regulatory oversight
- CMS federally certifies
- DMAS provides payments to facilities for Medicaid eligible residents

Assisted living facilities

- VDSS state agency with regulatory oversight
- Not certified by federal government and DMAS does not provide payments for assisted living
- Some ALFs receive payment from DARS through Auxiliary Grant for residents



Long-Term Care Facility (LTCF) Task Force

Established to:

- Ensure a unified, whole government response to outbreaks in LTC facilities
- Provide LTC community an opportunity to raise resource needs directly with state leadership
- Keep stakeholders informed about state government actions and the overall statewide picture of COVID-19 impact in LTC

Representation from:

- LTC Associations

 --VHCA, VALA, Leading
 Age Virginia
- VHHA
- Commercial Payers
- Family members
- VDH
- DMAS
- DBHDS
- DOC
- DSS
- DVA



LTCF Areas of Focus

Data/Reporting

Staffing/
Workforce

Financing

Discharge Planning

Infection Control

PPE

Testing

Surge Planning



Actions to Support LTCF

- General Assembly approved increase in \$20/resident/day
 Medicaid payments for nursing facilities
- Secretary of HHR has waived a number of state regulations to provide flexibility in staffing, infection control at nursing homes and assisted living facilities
- In partnership with Virginia National Guard, VDH established Point Prevalence Survey Project to support LTCFs in testing and has identified 100 facilities that should be high priority
- VANG also offering PPE training and fit testing
- VDH published LTCF "Playbook" or reference guide for LTC facilities and companion guide for local health departments



Actions to Support LTCF (Cont)

- Medical Reserve Corps providing volunteers to address staffing shortages in facilities with outbreaks
- VDH partnering w/ VHHA for hospitals to provide assistance locally to LTCF
- LTCF Task Force continues to assess PPE supplies and connect LTC facilities with PPE resources
- VDH providing infection control technical assistance and consultation
 - Coordinates with CDC to provide tele-infection control assessments
 - Infection Control Checklists and other tools/resources



LTCF- Ongoing Challenges

- Biggest challenge to LTCF is sustainable staffing.
 - Outbreaks and testing often result in large numbers of staff testing positive, therefore, being out of work to isolate
 - Low wages impediment to recruitment and retention
- PPE remains a challenge for many facilities
- Outbreaks result in restrictions to new admissions, which results in financial challenges



Situation Summary - Eastern Shore Health District



Riverside Shore Memorial Hospital

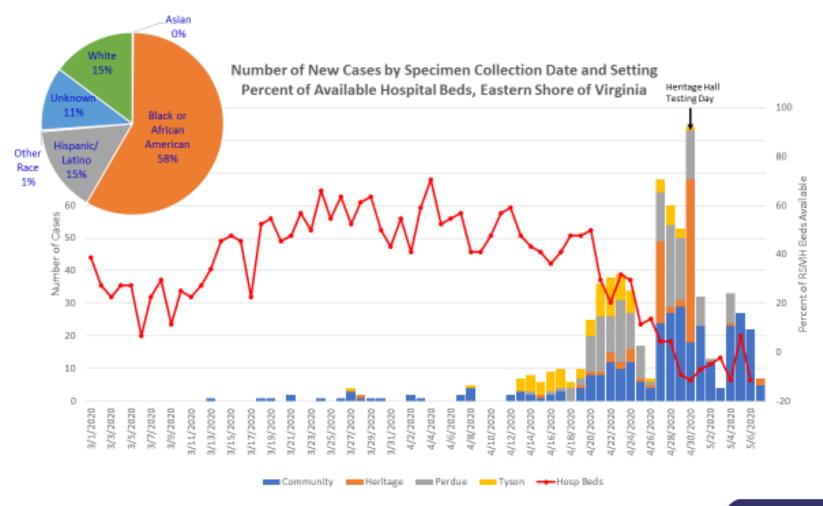


Tysons Poultry Plant Operations





Situation Summary - Eastern Shore Health District





Federal Funding Received



COVID-19 Federal Funding Received by VDH

Grant Title	Purpose	Amount
Child Nutrition	Funds to assist States in providing a nutritious nonprofit lunch service for school children and to encourage the domestic consumption of nutritious agricultural commodities as related to COVID-19. Funds associated with this award are intended for food claims through the Child and Adult Care Food Program.	\$ 24,994,980
Ryan White HIV/AIDS Program Part B	Funds for preventing, preparing for, and responding to COVID19, as needs evolve for clients of Ryan White HIV/AIDS Program recipients.	\$ 508,526
CARE Act Provider Relief Funds	Funds received from the U.S. Department of Health and Human Services for currently enrolled Medicare providers (local health departments) who provided medical services to Medicare beneficiaries in Calendar Year 2019. Purpose of funds is to prevent, prepare for, or respond to COVID-19.	\$ 18,705



COVID-19 Federal Funding Received by VDH

Grant Title	Purpose	Amount
Virginia Hospital Preparedness Program- Supplemental Award	Funds to support health care coalitions, emergency medical services, state/jurisdiction Ebola treatment centers, and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19. The Virginia Hospital and Healthcare Association will receive \$877,094 and the Northern Virginia Hospital Association will receive \$143,140.	\$ 1,020,234
Coronavirus State Hospital Improvement Program	Funds will support rural hospitals which are seeing increased demands for clinical services and equipment, as well as experiencing short-term financial and workforce challenges related to responding to meeting the needs of patients with the COVID-19 seeking care at their facilities. Funds were provided to the Virginia Hospital Research and Education Foundation for distribution to the Small Rural Hospital Improvement Program eligible hospitals.	\$ 1,854,974



COVID-19 Federal Funding Received by VDH

Grant Title	Purpose	Amount
COVID-19 Public Health Crisis Response	Funds to support state health departments to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.	\$ 13,621,612
Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases	Funds to establish or enhance the ability to aggressively identify cases; conduct contact tracing and follow up; implement appropriate containment measures; improve morbidity and mortality surveillance; enhance testing capacity; control COVID-19 in high risk settings; protect vulnerable or high-risk populations; work with healthcare systems to manage and monitor system capacity.	\$ 14,857,347
Total		\$ 56,876,378



Questions??

